U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name William C Hofmann	Name Asbestos Workers Local 12
	Labor Organization File Number 005033
P.O. Box, Bldg., Room No., if any	P.O. Sox, Building and Room Number, if any
Street 164-11 99th Street	Street 25-19 43rd Avenue
City Howard Beach	City Long Island City
State New York ZIP Code + 4 11414	State New York ZIP Code +4 11101-4208
5. Position in labor organization. Business Agent	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Expert Insulation Inc.	Liquor Christmas Holiday
Trade Name, if any: Insulation Contractor	
P.O. Box, Bldg., Room No., if any	
Street 135 West 18th Street	7.b. Amount.
City New York	\$20
State New York ZIP Code + 4 10011	
Signature William C Duluam	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed William C. Holman	On 08/09/2005 718-322-4190
	Date Telephone Number